



## PARENT PACKET

### SUMMER CAMP/VACATION PROGRAMS

Dear Parents/Guardians:

Welcome to Teamworks Summer Camp/Vacation Programs. Thank you for considering TW for your family's camp experience. In order to comply with board of health regulations, Teamworks will need the following paperwork completed before your child can have fun at our camp. Teamworks would like to provide your child with the safest environment possible. We understand that we are asking for a lot of information, but to better serve your family, please take a moment to provide detailed answers when filling out the following forms.

*Teamworks Paperwork check list to assist your family in preparation for camp/vacation programs:*

- \_\_\_\_\_ Camp Waiver Form
- \_\_\_\_\_ Child's Fact Sheet
- \_\_\_\_\_ Pick-up authorization/ Emergency Contact and Release forms
- \_\_\_\_\_ Health Care Policies
- \_\_\_\_\_ Camper's Profile
- \_\_\_\_\_ Physical
- \_\_\_\_\_ Immunization
- \_\_\_\_\_ Authorization for medication form (Only applicable if TW will be administering medication to your camper during camp hours)

*\* A list of equipment needed for each camp can be found on [www.teamworksacton.com](http://www.teamworksacton.com). Please note that Teamworks staff will not apply sunscreen directly on a camper. If your child needs help reapplying sunscreen, please send them with a bottle of spray sunscreen.*

#### **REMINDER TO ALL PARENTS:**

**Each child must be examined by a physician prior to enrollment, as required by the Commonwealth of Massachusetts. Included with this physical is an immunization history. Each child must be immunized prior to entrance at TEAMWORKS. Please be sure that your child's immunizations are up to date at the time of entrance into the camp program. If TEAMWORKS does not have your child's physical and immunization records at the start of the camp week, entrance will be denied until records are received. TEAMWORKS will not give refunds if this situation occurs.**

Remember, we are available to assist you in making you and your camper's experience a pleasurable one. If you have any questions or need assistance filling out forms, contact us at 978.287.5533. We are looking forward to a summer of endless opportunities of fun, excitement and personal growth

Thank you,

*Teamworks Staff*



# Summer Camp/ Vaction Program Waiver Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **HOLD HARMLESS RELEASE FORM**

In consideration of being allowed to participate in any way in the TEAMWORKS/ Indoor Sports LLC programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Teamworks/Indoor Sports LLC, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property; and,
5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorney's fees if incurred in successfully defending against such claim.

***I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.***

I also,

1. Give permission for my child to use the camp's ropes course/climbing tower and pool (age and facility specific), and understand that they will be supervised during these activities by certified instructors or lifeguards; and,
2. I also understand that TEAMWORKS regularly takes pictures during our programs that are used for promotional materials and give permission to TEAMWORKS to use these pictures without compensation; and,
3. I also understand that at any time I may request copies of background checks, health care policies, discipline policies, and procedures for filing grievances.

*We at TEAMWORKS understand and appreciate specific family concerns and medical issues. If you have any specific requests, please make these concerns in written format to have on file with the camper's registration.*

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above,

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed



**CHILD INFORMATION**

Child's Name: \_\_\_\_\_

**CHILD'S IDENTIFICATION INFORMATION**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION**

PRIMARY CONTACT *(Authorized to sign-out camper)*

Parent/ Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

\*Home Telephone #: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

Bus. Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Bus. Telephone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

*\*If different then child's home phone number or address*

SECONDARY CONTACT *(Authorized to sign-out camper)*

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

\*Home Telephone #: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

Bus. Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Bus. Telephone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

*\*If different then child's home phone number or address*

**MEDICAL INFORMATION**

Child's Physician: \_\_\_\_\_

Clinic: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Has/Does your camper:** *(please circle)*

Frequent ear infections:	Yes	No	Diagnosed with ADD/ADHD:	Yes	No
Heart trouble:	Yes	No	Learning disabilities:	Yes	No
Headaches:	Yes	No	IEP:	Yes	No
Diabetes:	Yes	No	Skin problems:	Yes	No
Asthma:	Yes	No	If yes, will they have an inhaler?	Yes	No

If you answered yes to any of the above questions please give a detailed explanation: \_\_\_\_\_

\_\_\_\_\_

Please list all allergies: \_\_\_\_\_

For each allergy, please give a detailed explanation about the causes, symptoms, reactions, and treatments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other medical conditions that we should know about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Will TEAMWORKS be administering medication during the camp day?**  No  Yes *If yes, please make sure to fill out the consent form*



## Emergency Contact/Camper Pick-up Authorization

### **AUTHORIZATION AND CONSENT FORM**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached I hereby authorize TEAMWORKS to transport my child to Emerson Hospital, and to secure for my child the necessary medical treatment. I understand the staff members of TEAMWORKS are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **EMERGENCY CONTACT AND RELEASE FORM**

In case of an emergency, please give names of persons who can be called and are authorized to pick-up your child if we cannot reach a parent (please attach another sheet if more room is needed).

**PICK-UP AUTHORIZATION:** (At camper sign-out, I authorize the following people to pick up my child from camp: For your child's safety, A PICTURE ID IS REQUIRED each and every time your child is picked-up)

#### **PICK-UP AUTHORIZATION**

#### **EMERGENCY CONTACT?**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Y N  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Y N  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Y N  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Y N  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

#### **NOT AUTHORIZED TO PICK-UP:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

### **HEALTH POLICIES AND GUIDELINES**

TEAMWORKS does have a healthcare consultant on-call. Our consultant has advised us on our health policies, and will always be available to advise us in both acute and chronic medical situations. As part of our health care policy, TEAMWORKS cannot accept any child with a diagnosed communicable disease (measles, mumps, chicken pox, etc). Please do not send your child to TEAMWORKS if he/she shows signs of possible contagious diseases (new cold, sore throat, fever, rashes, diarrhea, vomiting, etc) TEAMWORKS does not have sufficient staff or facilities to care for sick children. A parent should not bring their child to our facility if he/she is too ill to participate in activities, if the child requires special attention due to their illness, or if any signs of poor health are evident. The health of all children and staff is in jeopardy if an ill child is allowed to attend. Parents must notify the staff if their child has been exposed to an infectious disease so we can alert the families of the children attending the program. If during the day the TEAMWORKS staff notices a child is unable to participate in activities due to poor health, the parent will be called to come and pick up the child. If a parent cannot be reached, an emergency contact will be called. It is the responsibility of the parent to notify TEAMWORKS if there should be any changes regarding emergency numbers or contacts. If you decide that your child should remain at home, please call 978-287-5533 and inform TEAMWORKS of the absence.



# Administration of Medication Consent

Please fill out this form if TEAMWORKS will be administering medication

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**In accordance with Massachusetts State Law, TEAMWORKS' policy on the administration of medication is as follows:**

- Medication must arrive in the prescription container with date, dosage, and the doctor's name.
- A parent must sign the medication permission form, writing the purpose of the medication, the date and times of administration, and the amount given.
- Medication must be handed directly to an administrator, not left in the child's lunch box or equipment bag.

**TEAMWORKS will not administer the following:**

- Non-prescription drugs (unless authorized by parent/guardian and a medication permission form is completed)
- Medication not contained in the prescription package. Single tablets or jarred liquid will not be administered and will therefore be sent home.
- Medication in any amount exceeding the dosage indicated on the bottle

Medicine	Route? (oral? topical?)	Dose	Time	Refrigeration
1.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any difficulty taking medicines?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Teamworks to administer the following medications to my child, in accordance with the Board of health regulations 105 CMR 430.160.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date Signed \_\_\_\_\_

**Board Health Regulations for administering medication during camp hours**

**105 CMR 430.160 (A)**

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

**105 CMR 430.160 (C)**

Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

**105 CMR 430.160 (D)**

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

\*Health Supervisor- A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.



This form is not required by Teamworks, but would help us better understand your camper and their needs. This will be a confidential form and will be used as a helpful guide for counselors to get to know your child better.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade entering in the Fall: \_\_\_\_\_

Is this your child's first summer at TEAMWORKS? YES NO

Has your child ever attended any other camps or summer programs? YES NO

Camper's personality: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sociability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dislikes and apprehensions? What may cause ambivalence, anxiety, or resistance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Talents or passions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special needs: Any social, emotional, or psychological issues that may require special attention from staff and camp? Are there any support programs such as IEP that your child is on? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_